D. J. D. A.G.	Amendmen	ıt
Disclosure Report Cover	☐ Yes	□ No
Use this form for general report and committee information, must be signed and submitted along	with other d	etailed forms

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information					
a. Full Name	1 - 1 - 1				c. ID Number
COMMITTEE TO ELECT GENE STEADMAN				N/A	
b. Mailing Address (include City, State and Zip Code)				d. Date Filed	
P.O. BOX 650			•0	_	
OCEAN ISLE BEACH, N.C. 28469-0508			e. Phone Number		
					571-594-4877
2. Report Year 3, Period Start	t Date (mm/dd/y)) 4. Period l	End Date (mm/dd/	yy) 5. Treasur	er Full Name
2014 03-01-		07/1			ESTEADMAN JR
6. Type of Committee (Check C					ort from one category)
Candidate Campaign Par	ferendum	unicipal Organizations	State/Cou	the state of the s	Referendum
	nt Fundraiser	Thirty-five da	-	nizational	Organizational Pre-referendum
Legal Expense Fund	rundraiser	Pre-primary	· — ·	First	Final
E E E E E E E E E E E E E E E E E E E	li	Pre-election		Second	Supplemental Final
7. Type of Fund (if applicable,	check one)	Pre-runoff		Third	Annual
Booster Fund		Semi-annual		Fourth	Special
Building Fund		Mid Yea	r Semi-	-annual	
		Year En		Mid Year	10. Special Report Name
Other:		Final		Year End	
8. Number of Fundraisers this	Report	Special	Final		
			☐ Speci	al	
11. Account Information			11. Account Inf	ormation	
a. Financial Institution Full Name			a. Financial Institu	tion Full Name	
FIRST CITIZENS BY	ANK				
b. Purpose	c. Account Code		b. Purpose		c. Account Code
CAMPAIGN	1212				
COMMITTEE	d. Period Begin l	Balance			d. Period Begin Balance
	\$308.62				\$
CERTIFICATION	4500.62				Ψ
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. **EUGENE STEADMON TR.** **Augus All Manna Delta (1878) **The Augus All Manna Delta (1878) **					
Printed Name of Signer Signature of Appointed Treasurer Date FOR OFFICE USE ONLY					
Dalium Maked					
Date Received: Normal Mail					
Date Postmarked: Employee: 6 7016 Hand Delivered					
Date Scanned: Employee: Electronically Filed					
Date Data Entered: Signer has not received mandatory training					
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer,					
assistant treasurer, custodian of books information, or account information.					
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.					
Tournest amend the Statement of Organization (CRO-2100A-E) to make committee changes.					

Detailed Summary

Amendment

Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number ammittee to Elect Gene STEADMAN NIA Total this Total this Start of Election Cycle: January 1, 20/6 **Reporting Period Election Cycle** 4) Cash on Hand at Start \$ 308.62 \$ 2 RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 6) Contributions from Individuals (CRO-1210) \$4030,65 \$1171,03 7) Contributions from Political Party Committees (CRO-1220) 8) Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds (CRO-1410) \$ 10) Refunds/Reimbursements to the Committee (CRO-1240) \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income \$ (CRO-1250) 11d) Legal Expense Fund - Other Sources (CRO-1270) \$ 11e) Exempt Purchase Price Sales (CRO-1265) 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$4030.65 03 **EXPENDITURES** 13) Disbursements 13a) Operating Expenditures \$1479.65 \$3522.40 (CRO-1310) 13b) Contributions to Candidates/Political Committees (CRO-1310) 13c) Coordinated Party Expenditures (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 15) Loan Repayments (CRO-1420) \$ \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) 17) In-Kind Contributions (CRO-1510) \$508,25 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 4030,65 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed by the Committee (CRO-1610) \$ 23) Debts and Obligations owed to the Committee (CRO-1620) 24) Account Transfers Within the Committee (CRO-1720) 25) Administrative Support (CRO-1710) \$ \$ 26) Forgiven Loans \$ (CRO-1440) \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ 28) Contributions to be Refunded (CRO-1215) \$

		rom Individua		Pg	of	Amendment Yes No
		ndividual contributions (and Fund if app	Maria and Administration of the Control of the Cont	contributions und	ler \$50 if form Cl	2. ID Number
Co	- 41-	1. 1-1-	<i>t</i>	C	,	NA
2 Cor	nmittee	by Elec	T GEN	e VIEAT	man	NA
3. Con	tributor Information Name, Mailing Address	ation		Add Re	illove	d. Comments
1000	de city, state, & zip)					u. Commens
		N MACCALLI		LEGAL		
10	AUTUMN	BREEZE LAN	JE NE	c. Employer's Name/Specific Field		
BOL	IVIA, N.C.	28422-8	3/2	BRUNEWICK COUNTY		e. Election Sum to Date
						\$ 1000
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descri	ntion	j. Date (mm/dd/yy)	
		III X OXIII OX X BYMICH	III MI MINING DESCRI	phon	J. Date (minday)	
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						\$
						\$
3. Con	tributor Informa	ation		Add 🔲 Re	move	
	lame, Mailing Addre	ess & Phone		b. Job Title/Profe	ssion	d. Comments
	de city, state, & zip)			RETIRE	\Rightarrow	
100	GINIA S. Y	HOLT PLENE WAY S.C. 29223		c. Employer's Na		
K?	16 WEYEN	WERE WAY	-744			
Coci	UNBIA, J	, C. 2723	-44)	NA		e. Election Sum to Date
						\$500
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						\$
						\$
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	ame, Mailing Addre	ss & Phone		b. Job Title/Profe	ssion	d. Comments
	le city, state, & zip)	270-01		RETTRE	•	
	BOX 6	FADMAN,	JR.	c. Employer's Na		
No.	That Toma	7	0 201110	EDUENT	DR	e. Election Sum to Date
DEAN ISLE BEACH, N. C. 28469				\$ 2328.03		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yyy	y) k. Amount
	1212	CHECK		- 12	03/11/2016	\$544=
	1212		CHALL	CAR)	misc.	\$ 476=
						\$
4. Tot	al only this Pa	ige				\$ /171.03
5. Total of ALL CRO-1210 Pages				\$ 1171.03		
(This h	ne must de on tine 6	of Petatled Summary P	age CRO-1100)		CONTRACTOR OF THE PARTY OF	1161.45

		1		Amendment	
Disbursements	Pg		of 3	Yes	No No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) 2. ID Number immittee to Elect Gene STEADMAN 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Operating Expenses Coordinated Party Expenditures 4. Payee Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) Wed PASE ASHLEY STEADMAN CONSTRUCTION & c. Level Registered (Specify) DYANTENANCE 214 AUGUSTA ROAD Federal County: CLEMSON, S.C. 29631 State Municipality: e. Election Sum to Date 571-426-9355 Account Code g. Form of Payment h. Purpose Code k. Required Remarks i. Date (mm/dd/yyyy) j. Amount \$1000 4. Payee Information ☐ Add Remove Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) PAYPAL ADVERTS c. Level Registered (Specify) FACEBOOK INC. Federal County: ATTN: COMMUNITY SUFFORT ☐ State Municipality: e. Election Sum to Date MENLO PARK, CA 94025 f. Account Code | g. Form of Payment i. Date (mm/dd/yyyy) j. Amount k. Required Remarks \$88,32 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) VISTAPRINT c. Level Registered (Specify) 275 WYMAN STREET Federal County: State Municipality: e, Election Sum to Date WOLTHOM, MA 02451 \$416.53 k. Required Remarks . Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount \$204.16 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate

O* Other

E - Salaries

I - Postage

F* - Equipment

J - Penalties

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses

Q* - Donation to Legal Expense Fund

D.			
DIS	burse	men	ts

Amendment

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) 2. ID Number Committee to Elect Gene Steading 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Contributions to Candidates/Political Committees Operating Expenses Coordinated Party Expenditures 4. Payee Information ☐ Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) THE PRINTING SHOP & SMARTMANL, INC. c. Level Registered (Specify) County: Federal SHALLOTTE, N.C. 28459 State Municipality: e. Election Sum to Date 910-755-6151 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount 4. Payee Information ☐ Add ☐ Remove . Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) STATPLES c. Level Registered (Specify) 322 SOUTH COLLEGE RUAD ☐ Federal County: WILMINGTON, N.C. 28403 ☐ State Municipality: e. Election Sum to Date 910-313-0636 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) | j. Amount 4. Payee Information Remove Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) WAZGREEN'S c. Level Registered (Specify) 852 SWISET BLUD N. Federal County: SINSET BEACH, N.C. 28468 ☐ State Municipality: e. Election Sum to Date 910-579-4503 Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount \$ 10.66 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses

I - Postage

J - Penalties

K* - Office Expenses

Q* - Donation to Legal Expense Fund

Disbursements

Pg 3 of 3 Amendment No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) 2. ID Number ommittee to Elect Gene STEADMAN (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures 4. Payee Information ☐ Add ☐ Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) FIRST CITIZENS BANK CENTRAL BANK OPERATIONS DIRECT c. Level Registered (Specify) Federal County: P.O. BOX 27131 RAZEBA, N.C. 27611-7131 1-888-323-4732 State Municipality: e. Election Sum to Date . Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount 4. Payee Information ☐ Add □ Remove . Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: ☐ State Municipality: e. Election Sum to Date f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) k. Required Remarks j. Amount 4. Payee Information Add Remove Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments (include city, state, & zip) c. Level Registered (Specify) Federal County: State Municipality: e. Election Sum to Date f. Account Code g. Form of Payment h. Purpose Code i Date (mm/dd/yyyy) j. Amount k. Required Remarks \$ \$600 \$1945.66 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* Other * Codes require detailed explanation in required remarks field (k)